Docket#: DE920000016US1

**PATENT** 

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Martin Keller

Assignee: International Business

Machines

Application No: 09/998,520

Group No.: 2177

Filed: 11/29/2001

Examiner: Susan Rayann Confirmation No: 5385

PARTIAL STEPWISE REGRESSION FOR DATA MINING

Honorable Commissioner for Patents Mail Stop NF PO Box 1450 Alexandria Virginia 22313-1450 RECEIVED

JUN 2 1 2004

Technology Center 2100

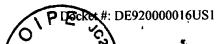
## **AMENDMENT**

Sir:

In response to the Office Action mailed March 9, 2004, please amend the aboveidentified application as follows:

Amendments to the Claims are reflected in the listing of claims, which begins on page 2 of this paper.

Remarks/Arguments begin on page 7 of this paper.



## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

amed Inventor:

Martin Keller

Assignee:

International Business

**Machines Corporation** 

Application No.:

09/998,520

Customer No.:

36380

Confirmation No.:

5385

Group Art Unit:

2177

Filing Date:

11/29/2001

Examiner:

Susan F. Rayann

Title

PARTIAL STEPWISE REGRESSION FOR DATA MINING

## CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450,

Alexandria, VA 22313-1450. Date of Deposit: June 8, 2004

Person mailing paper/fee: Richard M. Goldman

Alexandria, VA 22313-1450

**MAILSTOP NON-FEE AMENDMENT** 

**COMMISSIONER FOR PATENTS** 

Signature:

**RECEIVED** 

JUN 2 1 2004

Dear Sir:

P.O. Box 1450

**Technology Center 2100** 

Transmitted herewith in the above-identified application are:

X Amendment

X Return Postcard

The fee has been calculated as shown below:

**CLAIMS PRESENT** 

Claims Remaining:	Highest Number Previously Paid For:	Number Extra		Rate		Fee
Total Claims	14					
	15	(-1)	X	\$ 18.00	=	\$0.00
Independent Claims	3					
	3	0	X	\$ 84.00	=	\$0.00
Multiple Dependent Claim Fee						\$0.00
TOTAL FILING FEE						\$0.00

- X Authorization is hereby made to charge the amount of \$ 000.00 to deposit account Number 09-0441
- X No additional fee for claims is required
- X Charge any additional fees required by this paper or credit any overpayment in the manner authorized above
- X A duplicate of this paper is attached.

Respectfully submitted,

Richard M. Goldman, Esq., Reg. #25,585

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